

Pharmacy Details:	Forth
Dear Dr	
Re:	
The above named patient:	
Has requested a change in the number of uni	ts they are allocated per month.
Has requested a supply of a non-formulary G	uten Free Food product.
I have suggested that the patient contacts you to arraassessment.	inge referral to a Community Dietician for
Yours sincerely	
Community Pharmacist	